In academic medicine, we often hear the terms “clinical” and “research” used as though they are opposites and very separate activities. Medical school departments are often labeled as being clinic or research-based. Faculty also typically describe their professional activities as either clinical or research in nature. Dichotomizing research and clinical activities into separate categories of work obscures the important interactions between them. Clinical practice is best when it is informed by research, and research—at least in a clinical department—is best when it involves topics that are relevant to practice. This is the heart of an academic institution and distinguishes academia from purely practice settings. We can consider several ways to fully achieve this mission in our Department’s research endeavors.

Integrating Clinical, Research, and Teaching Activities in Centers of Excellence. A sign of good academic health is when departments with substantial patient care activities also strongly support research. Ideally, clinical and research activities are well-integrated within centers of excellence. For example, a psychiatry department could establish the priority of achieving excellence in all areas, our challenge is deciding which behavioral health areas should be our priority. Once we decide, and research leads to discovery, knowledge and understanding, and improvements in health care and health care delivery.

For this special edition I have invited Jeff Kelly, PhD, one of the top experts in Research at MCW over the past 20+ years, and the Senior Vice Chair of Research in our Department, to write the “Chair’s Column” on Research. In the other articles, you will find that Research is an important theme that will be emphasized throughout. Please enjoy it and hopefully we will both learn something valuable about Research in our Department together.

Jon A. Lehrmann, MD
Charles E. Kubly Professor and Chairman, Department of Psychiatry and Behavioral Medicine
MCW Associate Chief of Staff for Mental Health, Milwaukee VAMC

THE IMPORTANCE OF THE RESEARCH MISSION IN A CLINICAL DEPARTMENT

Jeffrey A. Kelly, Ph.D.
Professor of Psychiatry and Behavioral Medicine and Director, Center for AIDS Intervention Research (CAIR)

In academic medicine, we often hear the terms “clinical” and “research” used as though they are opposites and very separate activities. Medical school departments are often labeled as being clinic or research-based. Faculty also typically describe their professional activities as either clinical or research in nature. Dichotomizing research and clinical activities into separate categories of work obscures the important interactions between them. Clinical practice is best when it is informed by research, and research—at least in a clinical department—is best when it involves topics that are relevant to practice. This is the heart of an academic institution and distinguishes academia from purely practice settings. We can consider several ways to fully achieve this mission in our Department’s research endeavors.

Integrating Clinical, Research, and Teaching Activities in Centers of Excellence. A sign of good academic health is when departments with substantial patient care activities also strongly support research. Ideally, clinical and research activities are well-integrated within centers of excellence. For example, a psychiatry department could establish the priority of achieving excellence in all areas, our challenge is deciding which behavioral health areas should be our priority. Once we decide, and research leads to discovery, knowledge and understanding, and improvements in health care and health care delivery.

Development of Research Around the Department’s Innovative Current Programs. Research development in our Department should include a thoughtful self-appraisal of the areas in which we believe are our strengths, whether or not we are yet known for research in these areas. We do great work in developing innovative strategies and using distance technologies to deliver services and improve access to child behavioral health services in underserved parts of the state, especially (continued on next page)

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Drawing Upon Research Development Resources and Mentorship. Success in research invariably requires training, close mentorship, and support. The Center for AIDS Intervention Research (CAIR) has been very successful in mentoring early-stage investigators into careers as independent scientists in HIV prevention. Many of these individuals have gone on to establish very productive research programs either at CAIR or at other institutions throughout the country. This has happened because CAIR provides an environment where earlier-stage investigators can work together, initially with those most experienced in research. This provides research skills mentorship for the next generation of scientists. Throughout the Department, it is critical that established investigators are available, willing, and expected to mentor and guide earlier-stage faculty. There are also institutional resources available that support research training and may be able to support meritorious pilot projects in promising areas. The MCW CTSI, the Community Engagement Core, and AHW provide research training opportunities and support, especially for translational and community-engaged research. This issue of Psyched highlights the array of research being undertaken in the department, an important cornerstone of the academic mission of the institution and of our Department.

As David references above, the non-CAIR research support is somewhat less visible; however, just as important. The number of awards has grown significantly over the last couple of years and requires a collaborative effort between administrative staff and the researcher. Research awards consist primarily of federal, state and philanthropic gifts; however, awards can originate from other agencies, foundations, or organizations such as the Association of American Medical Colleges (AAMC). The process of gathering the necessary information from the respective researchers and the actual data entry into eBridge (MCW’s site allows faculty and staff to submit, track, report and archive applications involving funding proposals) plays a vital role in MCW’s Grants and Contracts Office procedure to approve the funding proposal prior to award. Each award also requires monthly administrative management regarding effort assigned, expenses allowed, and balances remaining along with additional reporting to MCW’s Sponsored Programs Office when the award has ended. Non-CAIR awards vary in length and often require annual eBridge submissions.

The researcher (Principal Investigator or PI) and administrative staff work closely together when entering the “data elements” within eBridge. The data elements consist of personnel costs, supplies, equipment, other costs, cost sharing forms if required, IRB information and an indirect cost rate (also known as Facilities and Administrative—F&A); whether the proposal qualifies for Total Direct Costs (TDC) or Modified Total Direct Costs (MTDC)—essentially the difference being whether equipment and sub-awards/subcontracts will be recognized in the F&A calculation. The process of navigating eBridge, data entry and balancing the various forms within eBridge is no small task; yet, these forms must be reconciled with the actual contract/agreement that has been awarded. The final eBridge submission must be completed by the PI with the Grants and Contracts Office (GCO) approving, submitting and activating the award once successfully granted.

Whether it’s CAIR-based or other funded research support, the administrative staff at both locations are vitally important to the successful submission of a grant and the sustainability of research within this mission of MCW.

Gary Koenig • Senior Business Manager

David Peterson, MBA, FACMPE • Department Administrator Clinical

(continued from page 1) rural areas. Our Department is the home of the MCW faculty partner team of the statewide Advancing a Healthy Wisconsin (AHW) Behavioral Health Initiative, where department teams provide ongoing, close consultation to ten local community coalitions developing strategies to address mental health problems, reducing mental health disparities in all corners of the state. The Child Psychiatry Consultation Program (CPCP) and the AHW are innovative approaches for meeting community health needs. Neither has research as its primary intent; however, the problems addressed by these programs are experienced in states throughout the country, and the approaches being used will be of interest to others in the field. Conceptualizing, writing, and publishing articles describing projects and methods, documenting this with empirical and process data, demonstrating program outcomes, and sharing lessons learned can help the field learn from the approaches we are pioneering. Research can begin close to home by sharing findings and experiences from many of our current innovative programs.

This newsletter’s emphasis on research affords an opportunity to comment on the administrative effort attached to building and submitting a grant proposal. To be sure, those faculty based at CAIR recognize the important, visible administrative support that Karen Opgenorth, Tom Lytle, Brenda Jackson and others on the team provide to CAIR-based researchers. Less visible is the administrative support that non-CAIR based researchers receive from Gary Koenig, the Department’s Senior Business Manager and Stacy Claesges, the Department’s Clinical Research Coordinator, both based at the Tosa Health Center. For this newsletter, I asked Gary to provide his perspective on the research endeavor and the role administration plays.
Notes from Patient Safety & Quality

RESEARCH AND THE IRB

In doing quality improvement projects as part of Froedtert or Medical College Physicians or MCP, one of the issues is the involvement of the IRB. With the theme of this newsletter being research, I wanted to provide guidance on this issue. These MCW IRB office guidelines may only be applied by the Froedtert QUALITY program through the officially-designated Patient Safety Quality Officers.

1. Funding support. Is the activity funded externally (i.e., not by MCW, Froedtert, CHW, or the Blood Research Institute)? If funded externally, consult the IRB office. The grant or contract language defines the activity. Federal grants, for example, are almost always considered “human subjects research” requiring prior IRB review and approval.

2. FDA regulations. (a) Does the activity involve the use of any drug or biologic for other than routine medical care? FDA-approved or not? Used on-label or not? Over-the-counter or not? (b) Does the activity involve evaluating medical device safety or efficacy testing, FDA-approved or not, 510(k)-cleared or not? (c) Does the activity involve in vitro diagnostic device safety or efficacy testing? Reagents, instruments, and systems intended for use in diagnosis of disease or other conditions, including a determination of the state of health, in order to cure, mitigate, treat, or prevent disease or its sequelae? Products intended for use in the collection, preparation, and examination of specimens taken from the human body? Precision medicine and/or genetic tests deployed to choose or guide treatment? If the answer to any of these is “yes,” IRB oversight is necessary.

3. MCW/IRB definition of essential QA/QI activity. All the following conditions of a QA/QI project are met: A. Project leader controls the clinical care for these patients; B. “Unit of care” under evaluation is “routine care” for all similar patients as defined by standing clinical care policies; C. Results used promptly to confirm or improve care delivery; and D. Data collected is only that data necessary to evaluate the quality of care under long-standing clinical care policies.

4. Likely outside the MCW IRB’s definition of essential QI/QA activity. A. External institutions are involved (beyond MCW, Froedtert, CHW, and Blood Research Institute); and B. Activity involves “laying away” clinical information, images, or biospecimens for future unspecified research purposes. If either of these two descriptors apply, consult the MCW IRB office. IRB oversight is probably necessary.

I hope this is helpful. Let me know if you have any questions.

Joseph O’Grady, Jr., MD
Associate Professor, Psychiatry Patient Safety & Quality Officer

Notes from the VAMC

PAPER IN A DAY

In 2012, I participated in my first “Paper in a Day” (PiaD) experience. This process was originally designed by an international researcher to stimulate networking and idea exchange as part of the International Society for Traumatic Stress Studies (ISTSS) conference. There, the day of the pre-conference workshop was set aside by a group of six to eight researchers with the aim of creating a tangible research product (e.g., commentary, meta-analysis, or empirical paper) for a peer-reviewed journal.

In fairness, “Paper in a Day” is a bit of a misnomer. For the purpose of this project, I have found it to work best when the leader of the project is able to have most preliminary analyses done before the day itself. Group members commit to doing a literature review and outlining paper sections prior to the day itself. Then everyone blocks off one day to do the bulk of the writing together. Editing and submission happens shortly thereafter. I participated in three PiaD projects at the ISTSS conference, with each of them leading to a published research product.

Based on that experience, I introduced the idea at the Milwaukee VA in 2016. Though PiaD was initially designed to help early career researchers get started in research, it seemed it could be equally helpful for psychologists who were primarily clinicians to be able to participate in research. The first round of Milwaukee VA’s PiaD was in 2016, and involved three research projects.

As hoped, three clinicians had data they wanted to publish (but no time to work on it), and several others had interest in being involved in research (but no data to publish). Thus, this process was beneficial for all involved. Ultimately, three conference presentations and three published papers resulted (one of those examining the efficacy of a suicide prevention group at the Milwaukee VA).

So far, this process has proved fruitful across various settings. I am currently involved in one PiaD project at MCW, and am starting a new round of PiaD at the Milwaukee VA, with the hope to write in Spring 2019.

Overall, it has been a relatively efficient way to facilitate research that would otherwise stall—and to have a chance to connect with colleagues along the way.

Sadie Larsen, PhD
Assistant Professor, Medical College of Wisconsin and Clement J. Zablocki VA Medical Center
**Clinical Notes**

**DO NOT DISTURB!**

Sleep is critical for good physical and mental health and impaired sleep is associated with multiple adverse physiological effects. It will surprise no one in a hospital setting that it is not conducive to quality sleep. Patients in the hospital are exposed to the environment of a medical or surgical unit with inherent disturbances of noise, light, diagnostic procedures, medication, and the medical illness itself. All these factors may disturb normal sleep and lead to disturbances in metabolism, immune system abnormalities, memory and cognition impairment, delirium, and increased mortality. As a result, there has been a clinical focus on improving sleep in the hospital. We partnered with Quietime in exploring their real-time environment monitoring system to reduce the noise levels of a medical unit at Froedtert Hospital. Working with nurses, Froedtert’s Hospitals Inpatient Process Improvement Team developed a “bedtime bundle” to assist staff and patients in establishing a hospital environment that overnight is as quiet and restful as possible, making sure that evening medications and vital signs were done before bedtime. Staff was also asked to keep conversations within three feet to a minimum, as they also contribute to the noise in the hospital environment. We also provided “do not disturb” door hangers, eye masks, and ear plugs for the patient upon request.

We asked the staff on the unit to implement these bedtime bundles and monitored the noise levels for about a month to establish a baseline (to the left of the dotted line in the Quietime graph). After an established baseline, we designed a friendly competition between nursing shifts to see which weeks could lower the noise level the most from midnight to 4 a.m. Pizza was the reward (always an excellent motivator). Over the next four weeks nursing demonstrated that by utilizing the bedtime bundles of care with other interventions that noise levels could be substantially reduced (to the right of the dotted line on the graph). Future studies will explore how this reduction improved care and patient experience. (And FYI—the staff on week A won the competition and enjoyed their carbohydrates.)

Tom Heinrich, MD
Professor and Vice Chair of Clinical Affairs
Behavioral Health Center

**Education Notes**

**DISCLOSING AND MATCHING**

It has been established that medical students have higher rates of depression than age-matched peers. In applying for residency, students often ask for guidance on whether or how to disclose a personal history of mental illness in the application process, receiving mixed and sometimes conflicting advice from mentors. Our study aimed to determine whether disclosure of a mental or physical illness during the residency application process would affect the applicant’s ability to match; we hypothesized that candidates who disclosed a mental illness would receive fewer interviews and will be ranked lower than candidates with a physical illness.

To study this question, program directors from all ACGME-accredited residencies were randomized to receive one of two surveys. Both surveys included similar demographic information and three applicant vignettes. In both surveys, the first two vignettes were identical, except for the type of illness (major depression or diabetes mellitus) disclosed. The third vignette (“average applicant”) was identical in both surveys. Of the 3838 invitations, 596 responses were received. There was no statistically significant difference in specialty distribution between the survey responses. In all scenarios, the applicant who disclosed a history of depression had higher odds of being in a lower category of receiving an invitation or a lower category of ranking compared to the resident who disclosed a history of diabetes. Having an otherwise excellent application did not mitigate these effects.

Unfortunately, the results of this study validate the recommendation to refrain from mental illness disclosure. However, it should be noted that while there is a significant difference in attitudes toward mental and physical illness disclosures, the overwhelming majority of program directors chose to interview and highly rank the candidates who disclosed a depression history. There were not enough responses from any one specialty to determine differences between specialties. The issue of disclosure of mental illness in residency applications is complex and should consider the individual’s comfort with disclosure and phase of recovery. A poster outlining the study is on display at the Tosa Center and we are working on submitting this work for publication.

Mara Pheister, MD
Associate Professor and Director of Psychiatry Residency Training

Marika Wrzosek, MD
Assistant Professor and Director of Medical Student Education
Congratulations to the following Department of Psychiatry and Behavioral Medicine faculty and staff in being named Magnanimous Mentors of MCW by the MCW Office of Research:

David J. Peterson, MBA, FACMPE
Jeffrey A. Kelly, PhD
Jon Lehrmann, MD
Julia Dickson-Gomez, PhD
Karen Opgenorth, MS
Kevin Brown, MA
Robery Huberty, MSW, LCSW

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**Education Notes**

**RURAL RESIDENCIES UPDATE**

The rural psychiatry residencies in central and northeastern Wisconsin are in the midst of recruiting their third class of residents. Both programs have received several hundred residency applications with each program receiving close to 100 applications from US medical students. This past July, Shweta Anand Karve, MD (Bharati Vidyapeeth Medical College), Christian Ryser, DO, (Des Moines University of Osteopathic Medicine) and Tsarina Rachel VanWieren, DO (Kansas City University of Medicine and Biosciences) joined the central Wisconsin residency. The northeastern residency recruited James Billings, MD (University of Texas Medical Branch School of Medicine), Joanna Buck, MD (MCW Green Bay), Vincent Fryer, MD (St. George's University of London), and Jerad Metropulous, MD (MCW Green Bay).

Brooke Mastroianni, MD, NEW PGY 2 resident, presented a poster at last May’s APA Annual Meeting in New York. Dr. Mastroianni and Dr. Waqas Yasin (NEW PGY 2) have also been accepted for the upcoming APA Annual Meeting in San Francisco. This past spring both programs advanced from ACGME’s initial to continuing accreditation status.

The State of Wisconsin Department of Health and Human Services has also awarded the Department a continuation grant to support the ongoing development of the two programs and assisting affiliates in recruiting additional staff and faculty.

Drs. Ed Krall and Rob Gouthro, CW and NEW program directors respectively, continue their efforts to improve their programs. Besides residency recruitment, they have been actively negotiating new affiliates, developing new rotations, and promoting faculty development.

Finally, residents from both rural programs (pictured above) attended a joint residency retreat in Door County this past October. Fred Heide, PhD lead a workshop on Medical Improvisation followed by lectures on false and real memory by Drs. Harsch and Chan.

Carlyle H. Chan, MD
Professor of Psychiatry and the Institute for Health and Equity, Bioethics and Humanities

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**Thank everyone for your support, time, and dedication to this year’s Heart Walk!**

MCW raised $9926, and Team Psych raised $2202! WE WERE THE #1 MCW TEAM!

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**Let’s SEE your accomplishments!**

**American Heart Association**

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**Medical College of Wisconsin**

knowledge changing life

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**Staff Bulletin Board • jehlenba@mcw.edu**
Getting to Know...
Faculty and Staff from the Department of Psychiatry and Behavioral Medicine

Jill Sorby
Assistant Professor
Clement J. Zablocki VA Hospital

What is your educational background?
I have a bachelor’s degree from the University of Illinois at Urbana-Champaign. I went to medical school at the University of Texas Southwestern Medical School in Dallas. My psychiatry residency was here at MCW and I am a recent graduate.

How long have you worked at MCW?
I have been here for four years as a psychiatry resident and started on as faculty in July of 2018.

Describe your typical day.
So far it’s simply been meeting with patients and getting accustomed to the paperwork and procedures.

What do you like most about your job—what attracted you to this field?
I love psychiatry because I’m interested in people’s stories. I love getting to learn about patients and help them with their struggles. Taking someone from where they started to where they’ve ended in their personal process has always been important to me.

Tell us about life outside of MCW.
I am a wife and “boy mom.” We have a nine-year-old dog that I got on the third day of medical school. We moved to a bigger house this summer, so my main interest right now has been to unpack and organize.

Just for fun—what are your favorite movies, books, music?
I really enjoyed the Percy Jackson series, a children’s series about a modern teen who happens to be a Greek demigod. But seriously, I also enjoyed the book Evicted by Matthew Desmond.

Tell us a fun/unique fact about yourself.
I was a teacher with Teach for America right after undergrad in southern Texas. I lived about six miles north of the border with Mexico.

Andrea Kernats
Psychometrist
Neuropsychology, Greenway Clinic

What is your educational background?
I have a bachelor’s of science in therapeutic recreation from the University of Wisconsin–Milwaukee.

How long have you worked at MCW?
I have been working for MCW since July 1, 2018.

Describe your typical day.
In a typical day, I see three patients and conduct a battery of tests under neuropsychologist Dr. Jennifer Apps. The results are used in the discussion of treatment options with the patient and his or her family to determine best options post-concussion.

What do you like most about your job—what attracted you to this field?
I enjoy working with the youth population. It still fascinates me to see how the outcome of neurological testing can be used to offer ideas and suggestions on how to improve treatment planning, with the ultimate goal of improving patients’ quality of life.

Tell us about life outside of MCW.
Outside of work, I enjoy running and yoga and playing with my two children, Lauren, 9 and Luke, 5 and my husband, Chad. We enjoy bike riding, hiking, swimming, going out to eat, and vacationing in the tropics. I hope someday, to participate in training in yoga with the goal of teaching children’s yoga practices. At the start of the day, I very much enjoy coffee and at the end of the day enjoy watching TV and snuggling our family cat, Meow.

Just for fun—what are your favorite movies, books, music?
My favorite song of all time is What a Wonderful World. Movies and books at this point are dictated strongly by my children, so we watch a lot of superhero movies and have recently been reading Harry Potter.

Tell us a fun/unique fact about yourself.
During the summer between sophomore and junior year, I spent four weeks in Germany touring around the country and dabbling in my German speaking skills.
What is your educational background?
I received my undergraduate training in biology from the University of Wisconsin–Madison. My formalized graduate training is in public health, having received my MPH in community and behavioral health promotion and PhD in public health from the University of Wisconsin–Milwaukee. In July 2018, I completed my postdoctoral fellowship in biostatistics and behavioral science from the Center for HIV/AIDS Educational Studies and Training at Hunter College in New York City.

How long have you worked at MCW?
I started at MCW on August 1, 2018.

Describe your typical day.
My typical day starts early with a newborn at home before I bike commute (~50% the time) from the Tosa area to our satellite CAIR location on the east side. My daily routine includes connecting with CAIR faculty and writing. I also stay engaged on social media (Twitter: @drStevenAJohn), which is how I stay updated on HIV/STI prevention by our local community-based organizations and partners, and the dissemination of sexual health research nationwide.

What do you like most about your job—what attracted you to this field?
As a public health researcher, putting on my work boots each day to do impactful, “good” research aimed at reducing health disparities is what attracted me to this field. One of my favorite professional activities is to participate in national conferences, where I always leave energized and with a renewed purpose to continue our fight against HIV and the ongoing transmission of other STIs (my area of research).

Tell us about life outside of MCW.
I am married to Nancy, a labor and delivery nurse, and Wyatt is our five-month-old son. I am frequently out running or cycling to keep my mind sharp, and I enjoy playing volleyball, softball, and tennis with friends. I am also an avid skier in winter.

Just for fun—what are your favorite movies, books, music?
I try to see every superhero movie in theaters. My favorite series is The Avengers.

Tell us a fun/unique fact about yourself.
Before moving to New York City for my postdoc, I was a member of the National Ski Patrol from 2005-2016, where I volunteered as a first responder and ski instructor at local ski hills including Little Switzerland, Olympia, and Cascade Mountain.
DEPARTMENT HAPPENINGS

CELEBRATING EXCELLENCE

Each year the David J. Peterson Excellence Award recognizes employees for job performance in the Department of Psychiatry and Behavioral Medicine, celebrating service excellence at both the senior level (15+ years of service) and from the less senior level (1 to 15 years of service). Through Survey Monkey, this initial group of individuals were nominated by their peers, the faculty, and staff within the Department. There were 12 total nominations.

After thoughtful consideration, the following individuals were selected and recognized at the September 26, 2018 combined faculty and staff meeting (from left to right): Leslie Fischer; RNs LaRhonda McConnell, Amy Sponholz, and Mary Vitale of the Tosa Health Center Clinics; and Jean Witte, pictured with David Peterson. Each recipient was awarded a gift and an additional day off, and each of their names were added to a Department plaque in recognition of the Award.

“I am extremely proud of the accomplishments of the recipients of this recognition,” said Peterson. “They go above and beyond the expectations of their positions within the Department.” Congratulations to both the nominees and winners! The 2018 Peterson Award committee members consisted of Bob Huberty, Chair; Ruzanna Aleksanyan, Dawn Driscoll, LaRhonda McConnell, and Dawn Norby.

DEPARTMENT MEETINGS
(all on Wednesdays beginning at 8:00 a.m.)

2019 FACULTY
January 23 • February 27 • May 22
Tosa Center Classrooms A & B
July 24 • October 23
VA, Matousek Auditorium

2019 COMBINED FACULTY/STAFF
April 24 • September 25
Research Park, Learning Centers 1 & 2

Dear Staff, Faculty, Residents, Fellows, and Students,

As we enter this fast approaching holiday season, David and I would like to take a moment to wish you and your loved ones peace and happiness. We also ask that each of you take a little time for yourself to find your own inner peace in this busy season. We thank you for all of the contributions you have made toward our four important missions: research, patient care, education, and community engagement. We thank you for being such an important part of our MCW family.

We hope you have a very happy New Year.

~ Jon and David

For more information, visit the Department website at www.mcw.edu/psychiatry.htm